

**DEPARTMENT OF THE TREASURY  
BUREAU OF THE PUBLIC DEBT  
ADMINISTRATIVE RESOURCE CENTER (ARC)**

**Relocation New Hire/Transfer Questionnaire  
INTERNATIONAL PCS**

**Authorization Number:** \_\_\_\_\_ *(to be assigned by BPD/ARC)*

The information requested below is needed to develop an estimate of the cost of your transfer, as provided for in 5.U.S.C. 5721, et seq. and the pertinent Federal Travel Regulations. A travel authorization will subsequently be prepared by a Relocation Specialist based on these responses. The Relocation Specialist will provide you with an estimate of allowable reimbursements, and any additional information to facilitate your relocation.

We realize that you will not be able to furnish exact information for every item at this time, but provide your best estimate for each item that will be involved in your transfer. Please notify us immediately if significant changes develop which may affect costs such as dates of travel, shipment of household goods, or number of dependents.

**Please complete and sign this form and send to:**

**Travel Services Division  
Relocation Services Branch  
Bureau of the Public Debt  
P.O. Box 1328  
Parkersburg, WV 26106-1328**

**(\*) To expedite preparation of the Authorization, please fax the completed form to:  
PCS Travel (Relocation) at 304-480-8480**

**1. EMPLOYEE INFORMATION:**

Employee Name (First, Last, MI): \_\_\_\_\_

SSN: \_\_\_\_\_

Reporting Date: \_\_\_\_\_

Office or location transferring to: \_\_\_\_\_

(City) (State) (Country)

WORK#:( ) \_\_\_\_\_

FAX#:( ) \_\_\_\_\_

HOME#:( ) \_\_\_\_\_

CELL#:( ) \_\_\_\_\_

**Retirement Plan:**

Civil Service Retirement System (CSRS): \_\_\_\_\_

Civil Service Retirement System (CSRS) Offset: \_\_\_\_\_

Federal Employees Retirement System (FERS): \_\_\_\_\_

Other: \_\_\_\_\_

Employee Pay **Grade and Annual Salary** at time of Relocation: Grade: \_\_\_\_\_ Salary: \_\_\_\_\_  
*(This is required to ensure appropriate Federal taxes are calculated correctly, if applicable.)*

**2. OFFICIAL STATION FROM WHICH TRANSFER WILL BE MADE:**

(City, State, Etc.) \_\_\_\_\_

(Country) \_\_\_\_\_

**3. DEPENDENTS RELOCATING:**

Name:

Relationship:

Date of Birth  
of Children

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For relocating dependents over the age of 21, please state reason for dependency (Example: Parents)**

Name:

Reason for Dependency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **ENROUTE TRAVEL TO NEW OFFICIAL STATION:**

A. Will you, and members of your immediate family travel together? \_\_\_\_\_

If **traveling together** please indicate:

Departure Date: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Select your mode of transportation:

\_\_\_\_\_ Privately-owned automobile (POV)

\_\_\_\_\_ If more than one POV, indicate how many needed and provide justification below

\_\_\_\_\_ Common carrier: AIR \_\_\_\_\_ TRAIN \_\_\_\_\_ BUS \_\_\_\_\_

**Multiple POVs:** If your family is traveling with you and more than one automobile is needed, please furnish a justification for each vehicle: \_\_\_\_\_  
\_\_\_\_\_

B. If your **family will be traveling separately**, please complete the following for their travel:

Departure Date: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Select your mode of transportation:

\_\_\_\_\_ Privately owned automobile (POV)

\_\_\_\_\_ Common carrier: Air \_\_\_\_\_ Train \_\_\_\_\_ Bus \_\_\_\_\_

**Please state reason why it is necessary for your family to travel separately:** \_\_\_\_\_  
\_\_\_\_\_

C. If driving, what is your estimated mileage (one way): \_\_\_\_\_

D. Do you wish to have POV(s) shipped to your new location? (Yes/No)\_\_\_\_ Special Approval from your agency Approval **must** be obtained before this is discretionary allowance may be authorized. If you are requesting this option, please provide a detailed justification: \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** *Househunting Trip may be available for non-foreign OCONUS relocations, ask your relocation coordinator if this may apply to you.*

5. **TEMPORARY QUARTERS SUBSISTENCE EXPENSE (TOSE):**

*(Not applicable for New Hires)*

**ACTUAL EXPENSE METHOD: For Relocations to CONUS from OCONUS or to Non-foreign Locations Only**

Temporary Quarters actual expense is NTE 60 days unless authorized. Temporary Quarters may be utilized at the old or new duty station. The first 30 days is based on the standard CONUS per diem rate of \$60 for lodging and \$39 for meals per day for the employee. The spouse and children 12 years of age and older are allowed 75% of the employee rate. Children under 12 years of age receive 50% of the employee rate. Subsequent 30 day claims are reduced as follows: 75% of the CONUS per diem rate for the employee, 50% of the CONUS per diem rate for spouse and children 12 years of age and older, and 40% of the CONUS per diem rate for children under 12 years of age. **Itemized receipts are required for any expense over \$75.00 and actual meal costs must be recorded.**

**FIXED EXPENSE METHOD: For Relocations to CONUS from OCONUS or to Non-foreign Locations Only**

Temporary Quarters fixed expense is a one time NTE 30 days entitlement. This entitlement is based on the per diem rate (same as the TDY rate) of the location you are being relocated to. The employee will receive 75% of the locality per diem rate, the spouse and children (regardless of age) will receive 25% of the locality per diem rate. This is calculated by taking the entitlement for one day times the percentage each eligible individual is allowed, times the number of days needed for temporary quarters, not to exceed the 30 days allowable.

**Itemized receipts are NOT required.**

**Please select the method of Temporary Quarters Subsistence Expense you wish to receive:**

\_\_\_\_\_ **TQSE – Actual Expense Method**

\_\_\_\_\_ **TQSE – Fixed Expense Method**

If you select Temporary Quarters Fixed Expense, please indicate the number of days you think you and/or your family will require: \_\_\_\_\_

**Please indicate who will require Temporary Quarters:**

<u>Name of Dependents in TQ:</u>	<u>Location of TQ:</u>	<u>Estimated # of Days:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE (TQSA):**

**UPON FIRST ARRIVAL: For Relocations "to" OCONUS Foreign Locations Only**

Temporary Quarters Allowance is NTE 90 days unless authorized. Pre-approval is required for extensions. Initial occupant (employee or family member 12 years of age or older) a daily rate not in excess of 75% of the per diem rate for the foreign post. For each additional occupant, whether employee or family member 12 years of age or older, 50% of the per diem rate. For each family member occupant under age 12, 40% of the per diem rate. Percentages decrease for subsequent 30-day periods. **Itemized receipts are required for any expense over \$75.00 and actual meal costs must be recorded.**

**PRECEDING FINAL DEPARTURE: For Relocations "from" OCONUS Foreign Locations Only**

Temporary Quarters Allowance is NTE 30 days unless authorized. Pre-approval is required for extensions. Initial occupant (employee or family member 12 years of age or older) a daily rate not in excess of 75% of the per diem rate for the foreign post. For each additional occupant, whether employee or family member age 12 or over, 50% of the per diem rate. For each family member occupant under age 12, 40% of the per diem rate. Percentages decrease for subsequent 30-day periods. **Itemized receipts are required for any expense over \$75.00 and actual meal costs must be recorded.**

**Please select the method of TQSA you wish to receive (OCONUS Locations Only):**

\_\_\_\_\_ **TQSA – Upon First Arrival**  
\_\_\_\_\_ **TQSA – Preceding Final Departure**

**Please indication who will require Temporary Quarters:**

<u>Name of Dependents in TQ:</u>	<u>Location of TQ:</u>	<u>Estimated # of Days:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If you have further questions about which option to select, please contact the Relocation Specialist before you make your choice. He/She will provide the calculations to help you choose your option.*

**6. MISCELLANEOUS EXPENSE (MEA):**  
*(Not applicable for New Hires)*

**For Relocations to CONUS from OCONUS or to Non-foreign Locations Only**

The Miscellaneous Expenses Allowances (MEA) is to help defray some of the costs incurred due to relocating. The following amounts will be paid for MEA without supporting documentation of expenses (one-time payment)

- a) Without Immediate Family relocating with you - \$500
- b) With Immediate Family relocating with you - \$1000

*Supporting documentation must be provided to exceed allowable amounts listed above.*

**Will you be relocating:**

\_\_\_\_\_ **Without Immediate Family**  
\_\_\_\_\_ **With Immediate Family**

7. **FOREIGN TRANSFER ALLOWANCE (FTA):**

**Discretionary Allowance For Relocations to OCONUS Foreign Locations Only**

The Foreign Transfer Allowance (FTA) is for extraordinary, necessary and reasonable expenses, not otherwise compensated for, incurred by an employee incident to establishing him or herself at any post of assignment in a foreign area, including costs incurred in the United States, its territories, possessions, the Commonwealth of Puerto Rico and the Commonwealth of the Northern Mariana Islands prior to departure for such post.

**Please ask your relocation specialist if you are eligible for these allowances.**

**Under the FTA, you MAY be entitled to:**

- A) **Miscellaneous Expense Portion**
- B) **Predeparture Subsistence Expense Portion (NTE 10 days)**
- C) **Wardrobe Expense Portion**
- D) **Lease Penalty Expense Portion**

*Depending on your Agency/Assignment, these may be processed through the Embassy directly or through BPD/ARC.*

- A) **The Miscellaneous Expenses Portion** is to assist with certain extraordinary costs incurred due to relocating. The following amounts will be paid for MEA without supporting documentation of expenses (one-time payment)
- 1) Without Immediate Family relocating with you - \$500
  - 2) With Immediate Family relocating with you - \$1000
- Supporting documentation must be provided to exceed allowable amounts listed above.*

**Will you be relocating:**

\_\_\_\_\_ **Without Immediate Family**  
\_\_\_\_\_ **With Immediate Family**

- B) **The Predeparture Subsistence Expense Portion** is granted to an employee for expenses incurred departing a post in the U.S. for a post in a foreign area. The amount is determined according to the maximum per diem rate for the U.S. locality from which transferred and according to family status, except that lodging tax incurred as predeparture lodging expense shall not be included in the amount of lodging expense subject to the maximum per diem rate cap but may be reimbursed separately.

**Entitlements for Predeparture Expense are as follows:**

1st Occupant 100% (whether employee for family member 12 yrs. Of age & older)  
Each additional occupant(s) 12 yrs. of age and over 75%  
Each additional occupant(s) under 12 yrs. or age 50%

**Two Options are available for Predeparture:**

**Partial Flat Rate Method:** Employees are reimbursed actual lodging amount (excluding lodging tax) up to the lodging portion of the per diem of the locality from which transferred and a flat amount equal to the meal & incidental expense (M&IE) portion of the per diem. Employees may also be reimbursed separately for lodging taxes.  
**RECEIPTS ARE REQUIRED for LODGING ONLY.**

**Total Actual Subsistence Method:** Employees are reimbursed for documented costs based on the maximum per diem with no breakdown between lodging and M&IE. Lodging tax may be reimbursed separately. **RECEIPTS ARE REQUIRED for LODGING ONLY and a CERTIFIED STATEMENT is required for DAILY MEALS, LAUNDRY, & DRY CLEANING.**

**Please select the Method for Predeparture you wish to use (if applicable)**

\_\_\_\_\_ **Partial Flat Rate Method**  
\_\_\_\_\_ **Total Actual Subsistence Method**

- C) **The Wardrobe Portion** granted to an employee shall be determined by the zone classification of the respective posts to/from which the employee is transferred that are in effect on the date of arrival at the new posts and by family size. Receipts are not required and cannot be submitted to support any miscellaneous expense.  
*(Refer to DSSR Chapter 200, 242.2 to determine Zone Classification.)*

\_\_\_\_\_ **Wardrobe Expense Not Required**  
\_\_\_\_\_ **Wardrobe Expense Required**

**If required, please indicate:** \_\_\_\_\_ **Employee Only** \_\_\_\_\_ **Employee + 1** \_\_\_\_\_ **Employee + 2 or more**

- D) **The Lease Penalty Expense Portion** is to help offset the expense of a lease penalty unavoidably incurred by an employee. The amount of the reimbursement shall not exceed the amount required by the specific terms of a rental contract signed by the employee as a prior condition of obtaining the lease, or the equivalent of three months' rent, whichever is less. An appropriate authorizing official of the employing agency must provide required certification in writing to comply with DSSR.

\_\_\_\_\_ **Lease Penalty Not Required**  
\_\_\_\_\_ **Lease Penalty Required in the amount of** \_\_\_\_\_

8. **TRANSPORTATION AND TEMPORARY STORAGE OF HOUSEHOLD GOODS:**

(Temporary Storage NTE 90 days unless authorized)

- a. If relocating to a consumable post, do you wish to **Ship Consumable items**? \_\_\_\_\_
- b. Will you require **temporary storage**? \_\_\_\_\_ Approx # of Days: \_\_\_\_\_
- c. Are you relocating to or from a post that provides furnished living quarters? \_\_\_\_\_
- d. Do you require a shipment of **Unaccompanied Air Baggage**? \_\_\_\_\_

9. **EXTENDED NONTEMPORARY STORAGE OF HOUSEHOLD GOODS:**

- a. Do you require extended storage of your household goods? \_\_\_\_\_
- b. What is the length of your Tour? \_\_\_\_\_
- c. Do you currently have household goods in extended storage at government expense? \_\_\_\_\_
  - 1) If so, what is the total weight of the stored goods? \_\_\_\_\_
  - 2) What is the name of the carrier (or carriers if multiple storages) responsible for storing your goods? \_\_\_\_\_

10. **REAL ESTATE TRANSACTIONS**

Allowed when old and new official stations are located in the U.S. **OR** when transferred from an official station in the U.S. to foreign area, and you are now transferring back to the U.S. **and:** 1) completed service agreement time period for overseas tour; **and** 2) are assigned to an official station in the U.S. that is **MORE** than 50 miles from your **LAST** official station in U.S.

**SALE OF RESIDENCE AT OLD OFFICIAL STATION**

- a. Do you plan to sell your residence at your "original" old official station? \_\_\_\_\_
- b. Type of residence? \_\_\_\_\_
- c. Is the title in your name or in the name of one or more members of your immediate family? \_\_\_\_\_
- d. Did you acquire the residence prior to the time you were informed of your first initial transfer? \_\_\_\_\_
- e. Do you anticipate completion of the sale within two years after the date of reporting to your new official station? \_\_\_\_\_
- f. What is the estimated purchase price of your new residence? \_\_\_\_\_

**PURCHASE OF RESIDENCE AT NEW OFFICIAL STATION**

- a. Do you plan to purchase a residence at your new official station within two years after the date you report to duty? \_\_\_\_\_
- b. What is the estimated purchase price of your new residence? \_\_\_\_\_

**The above responses are accurate and complete to the best of my knowledge at this time.  
Any significant changes will be brought to the attention of the Relocation Specialist.**

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Date)

**Upon completion of this questionnaire, the Relocation Specialist will complete the following estimates:**

WTA/RITA not applicable for New Hire

- 1) Withholding Tax Allowance (WTA): \_\_\_\_\_
- 2) Relocation Income Tax Allowance (RITA): \_\_\_\_\_
- 3) Total of allowable reimbursements: \_\_\_\_\_
- 4) Employer share of FICA/HITS: \_\_\_\_\_
- Total Estimated Expenses: \_\_\_\_\_

**PRIVACY ACT**

*In compliance with the Privacy Act of 1974, the following information is provided, Basis authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting data is to determine the amount to reimburse an employee for expenses incurred in connection with permanent change of station. Information may be transferred to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we shall not be able to reimburse you for*